

“I’LL HAVE HEP C TREATMENT EVENTUALLY”: SHEDDING LIGHT ON WHAT IT TAKES TO INCREASE HEPATITIS C TREATMENT UPTAKE WHEN CLIENTS HAVE OTHER PRIORITIES

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Background: Opioid substitution treatment (OST) clinics are considered ideal locations for providing treatment for people with chronic hepatitis C virus (HCV) infection who inject drugs (PWID), a priority group for achieving the goal of HCV elimination. Despite the availability of highly effective treatments with less side effects, treatment uptake is yet to reach the level needed to achieve elimination. We explore competing priorities among clients, clinic staff and policy makers, and barriers to HCV treatment initiation in the OST context.

Methods: Thirty in-depth interviews were conducted with clients (n=13) and staff (n=17) from two hospital-based OST clinics in Sydney. Interview data was thematically analysed using constant comparative methods.

Results: For the majority of clients (77%) HCV treatment was not a priority and many preferred to postpone treatment. Work and family obligations, health problems, focusing on drug treatment issues, and perceptions that HCV was an additional commitment and responsibility, shaped clients’ decision-making. Clients also identified concerns about side-effects and the barriers posed by the multiple steps involved in pre-treatment testing and getting scripts filled. Many clients (69%) reported that staff strongly encouraged them to commence treatment and perceived staff to have a clear agenda during their interactions. OST clinics were required to harness considerable resources to make testing and treatment more accessible for clients, given existing staff capacity, institutional and prescribing-related barriers. Data highlighted the need for adequate staff and appropriate digital systems for capturing and storing relevant tracking data to facilitate client linkage to treatment, and for reporting progress.

Conclusion: Eliminating HCV in resource-constrained OST settings requires a marked reorientation of available resources. Given disparities between the priorities of clients and staff regarding treatment uptake, challenges exist in maintaining client-centred service provision for a population with multiple health and social needs.

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